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**\*\* CONTINUING DATA \*\*\*\*\*** *E.U.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *E.U.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>E.U.</i>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 4
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**TITLE**

Intracavity opo laser

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